U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LAB()R ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING "HIS REPORT.

1. File Number U- 10194	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name James Stacko	Name Plumbers AFL-CIO LU 5
	Labor Organization File \umber 020~400
O O Day Dida Dasa No. Kasa	BO Box Buildian and Dans Number Vision
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5891 Allentown Road	Street 5891 Allentown Road
City Camp Springs	City Camp Sprine to
State Maryland ZIP Code + 4 20746-4570	State Maryland ZIP Code + 4 20746-4570
5. Position in labor organization. Executive Board Officer	
Enter appropriate data below if, during the past "iscal year, you or your spouse or minor child directly or indirectly had any of the following interests (oxcept as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	·
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been exemined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	on 8/12/05 301-473-8250
	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing James Stacho	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trus in which your labor organization.	wise dealing with the business vely seeking to represent, or Grectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Pipefitters Apprenticeship Fund	a. Labor Organ zation
Trade Name, if any:	a. Labor Organ zation b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 8509 Ardwick Ardmore Road	C. Employer
City Landover	
State Maryland ZIP Code + 4 20785	
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	Accepts contribution on behalf of employees covered by CBA in order to provide education for apprentices and journeypersors in the plumbing and pipefitting industry.
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$930,415
City State ZIP Code + 4	12.a. Nature of interest he d or income received. Received one ticket to the Apprentice Graduation
State ZIP Code + 4	Ceremonies.
	<u> </u>
	12.b. Amount. \$76
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	· ·
City	
State ZIP Code + 4	
13 h le the Rusiness an Employer or Consultant ?	14.b. Amount of payment.